

PWSID:

System Name:

## Stage 1 DBP Rule Monitoring Plan Chlorine Residual and Disinfection Byproducts

System operator: \_\_\_\_\_ Operator # \_\_\_\_\_

### **Chlorine Residual Sample Information**

Chlorine residual samples are taken at the same time and location of *all* Total Coliform samples taken for compliance. Please fill in the table below with your chlorine residual sampling information.

Sample Site Location (address, place name)	Scheduled Sample Date	Notes
<i>Example</i> → <i>Marley High School, 210 Second St.</i>	<i>First Monday of the month</i>	<i>Sample taken from tap in teacher's lounge</i>

Type of kit used for testing  
chlorine residual: \_\_\_\_\_

Total number of total coliform samples required per month: \_\_\_\_\_

Total number of total coliform sample sites in total coliform plan: \_\_\_\_\_



### **Disinfection Byproduct Sample Information**

Disinfection byproduct (DBP) samples are taken in the distribution system at varying frequencies that depend on your system size, your source water type, and the number of water treatment plants your system has. To calculate the number of samples your system is required to take, please see the accompanying form "Calculating the Number of DBP Samples Required for Your System." Please fill in the table below with your DBP sample frequency and location information.

Tips: When choosing your DBP (TTHM/HAA5) sample location(s), analyze your distribution system and choose the location(s) where the water has the maximum residence time but is still active (i.e., not at dead-ends). Also, remember that TTHM/HAA5 samples are actually *two separate samples* (one for TTHMs and one for HAA5) but are taken together as a set.

Number of DBP sample sets required (e.g., # / quarter or # / year)	Scheduled Sample Date*	Sample Site Location (site name and/or address)	Notes (maximum or average residence time)
<i>1 set / quarter</i>	<i>1<sup>st</sup> week of each quarter</i>	<i>Country Club, 100 Golf Course Rd</i>	<i>This is our location with the maximum residence time</i>

Example →

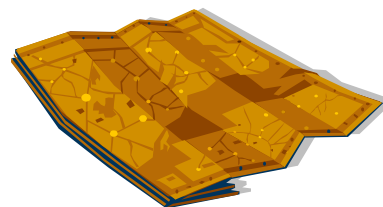
\*For systems sampling 1 / year, sample during the last week in August or first week in September.

Name of certified laboratory analyzing disinfection byproduct samples: \_\_\_\_\_



Remember to include with your plan a distribution system map with the following locations clearly labeled:

- All sample sites
  - ✓ Chlorine residual
  - ✓ Total coliform
  - ✓ Disinfection byproduct
- Source locations
- Storage tanks
- Water treatment plant(s)



Include a key or legend on the map if necessary.



Also, if your system uses multiple wells, please include copies of the well logs.